



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. VINCENT WILLIAMSPORT HOSPITAL

City of Hospital: Williamsport

Year Begin: 07/01/2009 (mm/dd/yyyy format)

Year End: 06/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 1518913565

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9885533
Outpatient Patient Service Revenue	\$46631375
Total Gross Patient Service Revenue	\$56516908

2. Deductions From Revenue

Contractual Allowance	\$28175936
Other Deductions	\$3583960
Total Deductions	\$31759896

3. Total Operating Revenue

Net Patient Service Revenue	\$21235045
Other Operating Revenue	\$426738
Total Operating Revenue	\$21661783

4. Operating Expenses

Salaries and Wages	\$9886655	Employee Benefits	\$2744871
Depreciation and Amortization	\$340084	Interest Expense	\$130033
Bad Debt	\$3521967	Other Expenses	\$5623530
Total Operating Expenses	\$22247140		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2936611	Total Assets	\$32111340
Net Non-operating Gains over Loss	\$1775324	Total Liabilities	\$9249213
Total Net Gains	\$4711935		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$25309228	\$16320350	\$8988878
Medicaid	\$7714908	\$6353027	\$1361881
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$23492772	\$9086519	\$14406253
Total	\$56516908	\$31759896	\$24757012

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$95	\$1420	\$-1325

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	134
Number of Hospital Patients Educated	868
Number of Citizens Exposed to Health Education Messages	240

Statement Six: Charity Statement

Hospital Charity Charges	\$2513270
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$1288918	\$1557300	
Subtotal	\$1288918	\$1557300	\$-268382
DSH Payments	\$0		
Subtotal	\$1288918	\$1557300	\$-268382
Medicare Shortfalls	\$-81835	\$9239975	
Other Government Programs	\$0	\$0	
Total	\$1207083	\$10797275	\$-9590192

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0